

SERFF Tracking Number:	ATAC-125524750	State:	Arkansas
First Filing Company:	Georgia Casualty & Surety Company, ...	State Tracking Number:	# \$0
Company Tracking Number:	ACIC/GCS AR CMP FO 08184		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Commercial Interline		
Project Name/Number:	/		

Filing at a Glance

Companies: Georgia Casualty & Surety Company, Association Casualty Insurance Company

Product Name: Commercial Interline	SERFF Tr Num: ATAC-125524750	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: ACIC/GCS AR CMP FO 08184	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Darlene Williams	Disposition Date: 03/19/2008
	Date Submitted: 03/12/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/19/2008	
State Status Changed: 03/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This is an informational filing for a policyholder notice for the Terrorism Reauthorization Act of 2007.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: ATAC-125524750 State: Arkansas
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Darlene Williams, Sr. Compliance Analyst dwilliams@atlam.com
P.O. Box 105480 (404) 266-5765 [Phone]
Atlanta, GA 30348-5480 (404) 926-4010[FAX]

Filing Company Information

Georgia Casualty & Surety Company	CoCode: 11258	State of Domicile: Georgia
4370 Peachtree Rd, NE	Group Code: 587	Company Type: P&C
Atlanta, GA 30319	Group Name: Atlantic American Corp	State ID Number:
(404) 266-5765 ext. [Phone]	FEIN Number: 58-0537066	

Association Casualty Insurance Company	CoCode: 35629	State of Domicile: Texas
4370 Peachtree Rd., NE	Group Code: 587	Company Type: P&C
Atlanta, GA 30319	Group Name: Atlantic American Corp	State ID Number:
(404) 266-5765 ext. [Phone]	FEIN Number: 74-1958653	

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Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/19/2008	03/19/2008

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Disposition

Disposition Date: 03/19/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
	Notice to Policyholders	Accepted for Informational Purposes	Yes
Form			

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Notice to Policyholders	PHN002	01 08	Disclosure/ New Notice		0.00	PHN002 01 08 - Notice to Policyholder - Certified Acts of Terrorism.pdf

NOTICE TO POLICYHOLDERS

This Notice has been prepared in conjunction with the implementation of changes related to coverage of terrorism under your policy.

This Notice does **not** form a part of your insurance contract. The Notice is designed to alert you to revised provisions in the terrorism endorsement in this policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

Carefully read your policy, including the endorsements attached to your policy.

CHANGE IN THE DEFINITION OF CERTIFIED ACTS OF TERRORISM AND INFORMATION ON LIMITATIONS ON FEDERAL AND INSURER LIABILITY

Under the federal Terrorism Risk Insurance Program Reauthorization Act of 2007, the definition of "certified acts of terrorism" (which is more fully defined in the endorsement) no longer requires that the act of terrorism be committed by or on behalf of a foreign interest. Therefore, coverage for "certified acts of terrorism" now encompasses, for example, an act committed against the United States government by a United States citizen, when the act is determined by the federal government to be a "certified act of terrorism" under the terms of the federal Terrorism Risk Insurance Program. Coverage is subject to all policy exclusions (for example, nuclear hazard and war exclusions) and other policy provisions.

The government may participate in paying for some of the losses from a "certified act of terrorism". However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. Further, this coverage is subject to a limit on our liability pursuant to the federal law, that is, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Refer to the terrorism endorsement for the definition of "certified acts of terrorism." Refer to the endorsement, and to the rest of the insurance contract, for provisions that govern coverage for, or that exclude coverage for, losses arising from terrorism.

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Accepted for Informational Purposes	03/19/2008
Comments:				
Attachment:	ACIC-GCS AR CMP FO 08184 Expedited TD.pdf			

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Georgia Casualty & Surety Company	Georgia	11258	58-0537066
Association Casualty Insurance Company	Texas	35629	74-1958653

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Darlene Williams P.O. Box 105480 Atlanta, GA 30348-5480	404-266-5765	404-926-4010	dwilliams@atlam.com

Filing information

Line of Insurance (see attachment)	Interline
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Form (Policyholder Notice)
This application is used with:	
Effective Date Requested	4/1/2008
Filing date	3/11/2008
Company Tracking Number	ACIC/GCS AR CMP FO 08184
Date filing approved in domiciliary state, if applicable	Not approved yet.

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Notice to Policyholders	PHN002 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Darlene Williams
Signature

Darlene Williams
Print Name:

Sr. Compliance Analyst
Title: